



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF CHILD SUPPORT ENFORCEMENT

Janet Napolitano
Governor

(602) 252-4045 P.O. BOX 40458 PHOENIX, ARIZONA 85067

Tracy L. Wareing
Director

ATLAS Case Number _____

Court Case Number _____

CP Name _____

NCP Name _____

AFFIDAVIT OF RECEIPT OF DIRECT PAYMENTS

My name is _____ and I am the Obligee in the ATLAS Case Number _____

Obligee's Name

and in Court Case Number _____ filed in the Superior Court of _____

County, in the State of _____. Pursuant to the child support order entered in my

case, _____ is obligated to pay child support to me.

Obligor's Name

I am completing this Affidavit of Receipt of Direct Payments voluntarily, and not under duress or as a result of any coercion or threats made by anyone. I also understand that once this Affidavit is signed, notarized and delivered to the Division of Child Support Enforcement (DCSE), it is IRREVOCABLE and I cannot change my mind.

I understand that DCSE and its agents do not represent me in this matter and that I can consult an attorney before executing this Affidavit of Receipt of Direct Payments, and that I have had the opportunity to consult an attorney before signing this Affidavit.

I, _____ hereby swear or affirm that the attached record correctly reflects payments

Obligee's Name

made directly to me by the Obligor, and **NOT THROUGH THE CLEARINGHOUSE**. I hereby give the

Obligor credit for direct support payments in the total amount of \$ _____ for the time period

_____ through _____.

Signature of Obligee

Affirmed before me on:

Date

Deputy Clerk of Court or Notary Public

My commission expires / seal:

Signature of Obligor

Affirmed before me on:

Date

Deputy Clerk of Court or Notary Public

My commission expires / seal:

AFFIDAVIT OF RECEIPT OF DIRECT PAYMENTS**DIRECT PAYMENTS MADE BY YEAR:****YEAR**

January _____
February _____
March _____
April _____
May _____
June _____
July _____
August _____
September _____
October _____
November _____
December _____

TOTAL _____**YEAR**

January _____
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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____**YEAR**

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TOTAL _____

INSTRUCTIONS FOR AFFIDAVIT OF RECEIPT OF DIRECT PAYMENTS

The Custodial Parent (Obligee) for a child support case should complete the *Affidavit of Receipt of Direct Payments* when he or she has received support payments directly from the Non-Custodial Parent (Obligor) on their case.

Completing and sending the *Affidavit of Receipt of Direct Payments* helps the Division of Child Support Enforcement (DCSE) keep accurate balances of money owed to the Custodial Parent/Obligee.

On the second page of the form, the Custodial Parent/Obligee must enter the amount of support payments that were received directly from the Non-Custodial Parent/Obligor in the month and year received.

This form must be signed in front of a notary public by the Custodial Parent/Obligee *and* the Non-Custodial Parent/Obligor.

The Affidavit of Receipt of Direct Payments is a sworn statement by the Custodial Parent/Obligee that the form was completed voluntarily, and that the amounts entered on the form are accurate.

WARNING!

It is extremely important that you do not report payments that were made to you through the Clearinghouse or the Clerk of the Court on this Affidavit. Doing so could result in crediting the same payment twice. If you have any doubts, you may want to obtain a copy of the official pay history in your case prior to completing this Affidavit.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Enforcement at 602-252-4045; TTY/TDD Services: 7-1-1.